

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Prosperity With Accountability		FEC IDENTIFICATION NUMBER ▼ C C00622043	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on		MM / DD / YYYY 10 / 28 / 2016	

Full Name of Payee Audio Works, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2016	
Mailing Address 815 Rosedale Dr		Amount 1195.00	
City New Orleans	State LA	Zip Code 70124-1739	Transaction ID : VSGBJ9TRDK7
Purpose of Expenditure Radio Advertising Production Services		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2016
Name of Federal Candidate CAMPBELL, FOSTER LONNIE II, ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		41307.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Gary Watson Media		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2016	
Mailing Address 4500 Palmyra St Apt C		Amount 38512.00	
City New Orleans	State LA	Zip Code 70119-5956	Transaction ID : VSGBJ9TPPT4
Purpose of Expenditure Radio Advertising Services		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 26 / 2016
Name of Federal Candidate CAMPBELL, FOSTER LONNIE II, ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		41307.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	39707.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Evans, Diane, , ,

[Electronically Filed]

Date

MM / DD / YYYY
11 / 03 / 2016

Signature